

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
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Website: <http://www.drl.state.wi.us>

## CHIROPRACTIC EXAMINING BOARD

### INSTRUCTIONS TO APPLICANTS FOR WISCONSIN CHIROPRACTIC TEMPORARY LICENSE

1. Complete application form (#2068), including notarized signature.
2. Attach \$10.00 fee to application. Checks or money orders should be made payable to the **DEPARTMENT OF REGULATION AND LICENSING**. Your cancelled check will be your receipt.
3. Complete the top portion of the enclosed verification form(s) and then submit it/them to the state(s)/jurisdiction(s) where you are/were licensed. You may want to contact the state board(s) and inquire if there is a fee for completing the form. That state board must then submit it **DIRECTLY** to this office.

### PURPOSE OF A TEMPORARY LICENSE

The temporary license will be issued **ONLY** for athletic/artistic events or as an instructor for a specific chiropractic education seminar approved for continuing education by the Board.

The temporary license **MAY NOT** be used to provide relief services or practice coverage for the practice of any chiropractor licensed in this state.

The temporary license will be issued for 10 calendar days during the 12 month period immediately following its effective date. No single period of practice under the temporary license may exceed three calendar days.

### DENIAL OF A TEMPORARY LICENSE

A temporary license may be revoked by the Board for the following reasons:

- a. Any violations of the Wisconsin administrative code or statutes relating to the practice of chiropractic;
- b. Failure to pay the required fee;
- c. Pending disciplinary action in another state;
- d. Fraudulent or misrepresented information on the application.

### ADDITIONAL INFORMATION

Please allow ample time for processing the temporary license application.

All documentation must be received in this office prior to issuance of the temporary license.

**NO** applicant may begin assistance in Wisconsin until the temporary license is received.

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\$10.00 Temporary Permit Fee

## CHIROPRACTIC EXAMINING BOARD

### APPLICATION FOR TEMPORARY CHIROPRACTIC LICENSE

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

1. COLLEGE OF CHIROPRACTIC	SCHOOL CODE	GRADUATION DATE
_____	_____	_____

2. LIST STATE(S) IN WHICH YOU ARE LICENSED AS A CHIROPRACTOR.	
State	License Number
_____	_____
_____	_____
_____	_____
	Date Issued
	_____
	_____

3. HAVE YOU BEEN ENGAGED IN THE ACTIVE PRACTICE OF CHIROPRACTIC IN ONE OR MORE JURISDICTIONS IN WHICH YOU HAVE A CURRENT LICENSE?

☐ YES ☐ NO If yes, list: City/State \_\_\_\_\_ Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. IS YOUR CHIROPRACTIC LICENSE NOW SUBJECT TO DISCIPLINARY PROCEEDINGS IN ANOTHER STATE?

☐ YES ☐ NO If yes, in which state? \_\_\_\_\_

5. HAS YOUR LICENSE(S) TO PRACTICE CHIROPRACTIC EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE(S) IN ANY OTHER JURISDICTION?

☐ YES ☐ NO If yes, give details on an attached sheet.

For Receipting Use Only

# State of Wisconsin Department of Regulation & Licensing

6. HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW GOVERNING THE PRACTICE OF CHIROPRACTIC?

☐ YES ☐ NO If yes, give details on an attached sheet.

7. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIRPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?

☐ YES ☐ NO If yes, submit a copy of the suit or claim of the final settlement or disposition.

A "YES" ANSWER TO THE FOLLOWING QUESTION IS NOT AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR CONVICTION/ARREST RECORD.

8. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

☐ YES ☐ NO If yes, give details on an attached sheet.

9. STATE THE PURPOSE OF THE TEMPORARY LICENSE

☐ ATHLETIC EVENT/☐ ARTISTIC EVENT

IDENTIFY THE ORGANIZATION(S) YOU WILL BE ACCOMPANYING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST THE LOCATION(S) and DATE(S) OF THE EVENT(S):

_____	_____
_____	_____
_____	_____
(Locations)	(Dates)

☐ **INSTRUCTOR FOR A SPECIFIC EDUCATION SEMINAR.** LIST THE EDUCATIONAL SEMINAR SPONSOR(S), NAME OF COURSES(S), AND DATE(S):

_____	_____
_____	_____
_____	_____
(Sponsors)	(Courses)
_____	_____
_____	_____
_____	_____
(Locations)	(Dates)

(Use Additional Sheets If Necessary)

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the law or rules of either the Chiropractic Examining Board or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SEAL**

\_\_\_\_\_  
Date Commission Expires